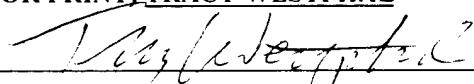


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PA/644-1638

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"EXPRESS MAIL CERTIFICATE"**"EXPRESS MAIL" MAILING LABEL NUMBER EL 437306302US****DATE OF DEPOSIT NOVEMBER 9, 2000****I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED****WITH THE UNITED STATES POSTAL SERVICE****"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10****ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE****ASSISTANT COMMISSIONER FOR PATENTS, BOX CPA,****WASHINGTON, DC 20231.****NAME OF PERSON MAILING PAPER OR FEE****(TYPE OR PRINT) TRACY WESTPHAL****SIGNATURE** 

CONTINUED PROSECUTION APPLICATION (CPA)
REQUEST TRANSMITTAL

Submit an original and a duplicate for fee processing.

(Only for Continuation or Divisional applications under 37 C.F.R. § 1.53(d))

CHECK BOX, If applicable:

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Address to:

**Assistant Commissioner for Patents
 Box CPA
 Washington, DC 20231**

<i>Attorney Docket No. of Prior Application</i>	0815A
<i>First Named Inventor</i>	Jung, Rudolf
<i>Examiner Name</i>	A. Nelson
<i>Group/Art Unit</i>	1638
<i>Express Mail Label No.</i>	EL 437306302US

This is a request for a continuation or divisional application under 37 C.F.R. § 1.53(d),
 (continued prosecution application (CPA) of prior application number 09/020,716, filed on February 9, 1998,
 entitled Alteration of Amino Acid Compositions in Seeds.

1. Enter the unentered amendment previously filed on under 37 C.F.R. §1.116 in the prior nonprovisional application.
2. A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R. §1.53(d)(4).
 - a. **DELETE** the following inventor(s) named in the prior nonprovisional application:
- b. The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4. A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
 - a. PTO-1449
 - b. Copies of IDS Citations

RECEIVED

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR § 1.16(c) or (j))	13 - 20* =	0	x \$ 18.00 =	<i>TECH CENTER 1600.00</i>	
	INDEPENDENT CLAIMS (37 CFR § 1.16(b) OR (l))	4 - 3** =	1	x \$ 80.00 =	80.00	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$270.00 =		
				BASIC FEE (37 CFR § 1.16)	\$710.00	
				Total of above Calculations =	\$790.00	
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28)					
	* Reissue claims in excess of 20 and over original patent ** Reissue independent claims over original patent					
	TOTAL =					\$
6. Small entity status: a. <input type="checkbox"/> A small entity statement is enclosed, if (b) and (c) do not apply. b. <input type="checkbox"/> A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired. c. <input type="checkbox"/> Is no longer claimed.						
7. <input checked="" type="checkbox"/> The commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. <u>16-1852</u> : a. <input checked="" type="checkbox"/> Fees required under 37 C.F.R. § 1.16 b. <input checked="" type="checkbox"/> Fees required under 37 C.F.R. § 1.17 c. <input type="checkbox"/> Fees required under 37 C.F.R. § 1.18						
8. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.						
9. <input checked="" type="checkbox"/> New Attorney Docket Number, if desired: <u>0815AA</u>						
10. a. <input type="checkbox"/> Receipt for Facsimile Transmitted CPA (PTO/SB/29A) b. <input checked="" type="checkbox"/> Return Receipt Postcard.						
11. <input type="checkbox"/> Other: _____						

NOTE: *The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.*

10. NEW CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			or <input checked="" type="checkbox"/> New correspondence address below <i>(Insert Customer No. or Attach code label here)</i>		
NAME	Marianne H. Michel				
ADDRESS	7100 NW 62 nd Avenue				
	PO Box 1000				
CITY	Johnston	STATE	IA	ZIP CODE	50131
COUNTRY	USA	TELEPHONE	(515) 334-4467		FAX (515) 334-6883

11. SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED	
Name (Print/Type)	Marianne H. Michel
Signature	<i>Marianne H. Michel</i>
Registration No.	35,286
Date	November 9, 2000